

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000017321

1. Corporation Name

Avalon Centers, Inc.

2. Principal Office Address

3351 Galt Ocean Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

U.S.A.

3. Mailing Office Address

3351 Galt Ocean Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

U.S.A.

REINSTATEMENT 2001

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/17/00

5. FEI Number

65-0983363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date

11-7-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jennifer Fernandez	53 Castle Harbor Isle Drive	Ft. Lauderdale, FL 33308

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Fernandez

Date

Daytime Phone #

11/10/01 954-5764-229

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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